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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/721,857			ing Date 25/2003	To be Mailed
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY											
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	_	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A			N/A	
	CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =		1	x s =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and		tion size fee due y) for each ion thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMIS HIGHEST THAN THAN THE PROPERTY OR T											
AMENDMENT	09/18/2009	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 29	Minus	" 31	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 4	Minus	···4	= 0		X \$110 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	*	Minus	**	=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))		Minus	***	=		x \$ =		OR	x s =	
딟	Application Size Fee (37 CFR 1.16(s))								l		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TOTAL TOTAL ADDL FEE FEE FEE											
"If the entry is column 1 is less than the entry in column 2, write 0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "30". "If the "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (In Italy SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (In Italy SPACE is less than 3, enter "3".											

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